

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002563

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 30 1963

5779

3

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lake Ozark</b>		c. CITY OR TOWN <b>Lake Ozark</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lake Road 54-8</b>		d. STREET ADDRESS (If outside, give location) <b>Lake Road 54-8</b>	
3. NAME OF DECEASED (Type or print) First <b>Beverly</b> Middle <b>Thomas</b> Last <b>Farrell</b>		4. DATE OF DEATH Month <b>January</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/5/15</b>
9. AGE (last birthday) <b>47</b>		IF UNDER 1 YEAR Months <b>47</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Resort Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gerald, Missouri</b>	
11. BIRTHPLACE (City, and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Beverly Tucker Farrell</b>		13b. MOTHER'S MAIDEN NAME <b>Amerlies Lillian Hinton</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO. <b>434</b>		17. INFORMANT <b>Gilbert Farrell</b>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Arrhythmia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
DUE TO (b) <b>Coronary Artery Insufficiency</b>		<b>4 years</b>	
DUE TO (c) <b>Advanced Coronary Arteriosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Heart- healed myocardial infarct</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>.</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Eldon, Missouri</b>		
21. I attended the deceased from <b>10 P.</b> to <b>and last saw her alive on</b> Death occurred at <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. S. Humphreys D.O. Coroner</b>	22b. ADDRESS <b>Eldon, Missouri</b>	22c. DATE SIGNED <b>1-22-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-24-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WALBERT</b>	23d. LOCATION (City, town, or county) (State) <b>Gerald Missouri</b>
24. FUNERAL DIRECTOR <b>Phillips Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 23, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Adverettea Walt</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JUN 1 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Elkhart

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.